1	Effective October 1, 2001 $\rho_{lpha}$							93 09/466935					
	•	CLAIMS	AS FILED (Colum			lumn 2)	7		ENTITY		OTHE	RT	
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*	' If the differen	ice in column 1 i	is less than z	ess than zero, enter "0"		column 2	j	+140=		OR	I	1	
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1		(Column 1)		(Colum	nn 2)	(Column 3)	L.	SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT	MENI A	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIC	DDI- ONAL
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* If	the entry in colur	mn 1 is less than the	e entry in column	n 2, write "0"	in colur	mn 3.		140= TOTAL		<u> </u>	+280= TOTAL		
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	The Thyricottating	ber Previously Paid	For" (Total or itin	dependent) i	is the nic	ghest number re	ound	in the appre	opriate box	in colum	ın 1.		.